



Receipt # W

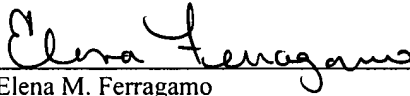
PATENT  
Attorney Docket No. PRK-002 (6408/7)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): Doctors et al.  
SERIAL NO.: 09/833,089 GROUP NO.: 2163  
FILING DATE: April 10, 2001 EXAMINER: Not yet assigned  
TITLE: Health Care Payment Compliance Management

**CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8**

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to the Assistant Commissioner for Patents, Office of Initial Patent Examination, Customer Service Center, Washington, DC 20231 on this 29th day of June, 2001.

  
Elena M. Ferragamo

Assistant Commissioner for Patents  
Office of Initial Patent Examination  
Customer Service Center  
Washington, DC 20231

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SEP 17 2001

Sir:

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Submitted herewith is/are:

1. Transmittal Form (1 page);
2. Request for Corrected Filing Receipt (2 pages)
3. Copy of Original Filing Receipt ( with the changes noted thereon) (4 pages)
4. Return receipt postcard.

43



Application Serial Number	09/833,089
Filing Date	April 10, 2001
First Named Inventor	Doctor
Group Art Unit	2163
Examiner Name	Not yet assigned
Attorney Docket No.	PRK-002
BATCH NO. (after allowance)	Not applicable
Patent No.	Not applicable
Issue Date	Not applicable

**ENCLOSURES (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form  <input type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____]  <input type="checkbox"/> Petition for Extension of Time  <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553)  <input type="checkbox"/> Formal Drawing(s)  <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal  <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application  <input type="checkbox"/> Small Entity Statement  <input type="checkbox"/> CD(s) for large table or computer program  <input type="checkbox"/> Amendment After Allowance  <input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences  <input type="checkbox"/> Appeal Brief (in triplicate)  <input type="checkbox"/> Status Inquiry  <input checked="" type="checkbox"/> Return Receipt Postcard <input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8  <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8  <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below)  <input checked="" type="checkbox"/> Request for Corrected Filing Receipt  <input checked="" type="checkbox"/> Copy of Original Filing Receipt (with changes noted thereon)
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CORRESPONDENCE ADDRESS	SIGNATURE BLOCK
Direct all correspondence to: Patent Administrator Testa, Hurwitz & Thibault, LLP High Street Tower 125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100	Respectfully submitted,  Date: June 29, 2001 Reg. No. 45,283 Tel. No.: (617) 248-7793 Fax No.: (617) 790-0247 R. Stephen Rosenholm Atty. for Applicants Testa, Hurwitz & Thibault, LLP High Street Tower 125 High Street Boston, MA 02110



43

PATENT  
Attorney Docket No. PRK-002

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

APPLICANT(S): Doctor et al.

SERIAL NO.: 09/833,089

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EXAMINER: Not Yet Assigned

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Customer Service Center  
Assistant Commissioner for Patents  
Washington, DC 20231

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**REQUEST FOR CORRECTED FILING RECEIPT**

1. Attached is a copy of the official filing receipt received from the Patent Office for the above-identified application for which issuance of a corrected filing receipt is respectfully requested.
2. There is an error with respect to the following data, which is:

☒ incorrectly entered

*and/or*

☐ omitted

***Error In***

***Correct Data***

1. ☐ Applicant's name
2. ☐ Applicant's address
3. ☒ Title
4. ☐ Filing Date
5. ☐ Serial Number
6. ☐ Foreign/PCT Application Re:
7. ☒ Other (Claims)

- 1.
- 2.
3. Health Care Payment Compliance Management
- 4.
- 5.
- 6.
7. 16 total claims: 4 independent claims.

Date: June 29, 2001  
Reg. No. 45,283

Tel. No.: (617) 248-7793  
Fax No.: (617) 790-0247

Respectfully submitted,



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R. Stephen Rosenholm  
Attorney for Applicants  
Testa, Hurwitz, & Thibeault, LLP  
High Street Tower  
125 High Street  
Boston, Massachusetts 02110

#3



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov

APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/833,089	04/10/2001	2163	0.00	PRK-002	12	18 16	4

CONFIRMATION NO. 8871

021323

TESTA, HURWITZ & THIBEAULT, LLP  
HIGH STREET TOWER  
125 HIGH STREET  
BOSTON, MA 02110

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JUN 18 2001

PATENT DEPARTMENT  
TESTA, HURWITZ & THIBEAULT, LLP

## FILING RECEIPT



\*OC000000006183562\*

Date Mailed: 06/14/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

## Applicant(s)

Jonathan Doctor, Los Angeles, CA;  
Zima Hartz, Woodland Hills, CA;

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## Domestic Priority data as claimed by applicant

THIS APPLN CLAIMS BENEFIT OF 60/196,050 04/10/2000

## Foreign Applications

If Required, Foreign Filing License Granted 06/14/2001

Projected Publication Date: To Be Determined - pending completion of Missing Parts

Non-Publication Request: No

Early Publication Request: No

## Title

Health care payments compliance management

## Preliminary Class

705

No Docketing Necessary

TPH  
Administrator6.18.01  
Date

Reviewed &amp; Approved

Resp. Atty

Date

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**Data entry by : LMESSA, HANNA**

**Team : OIPE**

**Date: 06/14/2001**



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Title 35, United States Code, Section 184  
Title 37, Code of Federal Regulations, 5.11 & 5.15**

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- The articles such as "a," "an" and "the" are not included as the first words in the title of an application. They are considered to be unnecessary to the understanding of the title.
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- The title may be truncated if it consists of more than 500 characters (letters and spaces combined).
- The docket number allows a maximum of 25 characters.
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- The title is recorded in sentence case.

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Office of Initial Patent Examination  
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